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TO: US Patent & Trademark Office

FAX NUMBER: 571-273-8300

FROM: JiNan GLASGOW

DATE: 10-29-2008

RE: Power of Attorney/Change of Correspondence, serial no. 10/814726

ATTORNEY DOCKET #4023-001

PAGE NUMBER (INCLUDING COVER): 3

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| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/814726 |
| | Filing Date | 03-31-2004 |
| | First Named Inventor | LIPSON |
| | Art Unit | |
| | Examiner Name | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number 4023-001 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------|----------|--------|
| Firm Name | Triangle Patents, PLLC | | |
| Signature | | | |
| Printed name | JiNan GLASGOW | | |
| Date | 10-29-2008 | Reg. No. | 42,585 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| Signature | |
| Typed or printed name | JiNan GLASGOW |
| Date | 10-29-2008 |

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and
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INDICATION FORM**

| | |
|------------------------|------------------------------------|
| Application Number | 10/814726 |
| Filing Date | 3-31-2004 |
| First Named Inventor | LIPSON |
| Title | Public Key Cryptographic Methods & |
| Art Unit | 2131 |
| Examiner Name | ZIA |
| Attorney Docket Number | 4023-001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 64843

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| Telephone | Email | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|------------------|
| Signature |  | Date | 10/23/08 |
| Name | Jesse LIPSON | Telephone | 800-441-3453x703 |
| Title and Company | President, Noyel Labs, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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